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| <b>TRANSMITTAL FORM</b><br><br><i>(to be used for all correspondence after initial filing)</i> | Application Number   | 09/586,692             |          |
|  | Filing Date          | June 1, 2000           |          |
|  | First Named Inventor | DEBRECZENY, MARTIN P.  |          |
|  | Group Art Unit       | 2877                   |          |
|  | Examiner Name        | TURNER, SAMUEL A.      |          |
| Total Number of Pages in This Submission   | 14                   | Attorney Docket Number | LIFE-005 |

**ENCLOSURES (check all that apply)**

|   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment 1.111<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Documents<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks   |  |  |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|                         |                                   |
|-------------------------|-----------------------------------|
| Firm or Individual Name | FRANK P. BECKING, Reg. No. 42,309 |
| Signature               |                                   |
| Date                    | April 17, 2002                    |

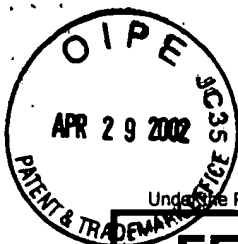
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|  |           |      |                |
|--|-----------|------|----------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: April 17, 2002. |           |      |                |
| Typed or printed name  | Teri Muir |      |                |
| Signature  |           | Date | April 17, 2002 |

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# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

Complete if Known MAY -9 2002

|                                |  |                                |
|--------------------------------|--|--------------------------------|
| <b>TOTAL AMOUNT OF PAYMENT</b> |  | <b>(\$) 110.00</b>             |
| <b>Application Number</b>      |  | 09/586,692                     |
| <b>Filing Date</b>             |  | June 1, 2000 TC 2500 MAIL ROOM |
| <b>First Named Inventor</b>    |  | DEBRECZENY, MARTIN P.          |
| <b>Examiner Name</b>           |  | TURNER, SAMUEL A.              |
| <b>Group Art Unit</b>          |  | 2877                           |
| <b>Attorney Docket No.</b>     |  | LIFE-005                       |

| METHOD OF PAYMENT  |                       |                       |   | FEE CALCULATION (continued)  |                       |                       |                       |                 |                       |                       |                 |                     |     |                    |     |  |     |     |     |                       |   |                       |                       |                 |          |                               |    |     |       |                        |  |                    |     |      |     |  |    |                        |        |                     |  |                                       |     |     |     |   |        |  |     |     |   |     |     |  |     |  |  |     |       |     |   |  |     |       |     |  |  |     |     |     |                      |  |     |     |     |  |  |     |     |     |                              |  |     |       |     |   |  |     |     |     |                                     |  |     |       |     |  |  |     |       |     |                                    |  |     |     |     |                      |  |     |     |     |                     |  |     |     |     |                                   |  |     |    |     |  |  |     |     |     |   |  |     |    |     |   |  |     |     |     |  |  |     |     |     |  |  |     |     |     |   |  |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |  |  |
|--|-----------------------|-----------------------|---|--|-----------------------|-----------------------|-----------------------|-----------------|-----------------------|-----------------------|-----------------|---------------------|-----|--------------------|-----|--|-----|-----|-----|-----------------------|---|-----------------------|-----------------------|-----------------|----------|-------------------------------|----|-----|-------|------------------------|--|--------------------|-----|------|-----|--|----|------------------------|--------|---------------------|--|---------------------------------------|-----|-----|-----|---|--------|--|-----|-----|---|-----|-----|--|-----|--|--|-----|-------|-----|---|--|-----|-------|-----|--|--|-----|-----|-----|----------------------|--|-----|-----|-----|--|--|-----|-----|-----|------------------------------|--|-----|-------|-----|---|--|-----|-----|-----|-------------------------------------|--|-----|-------|-----|--|--|-----|-------|-----|------------------------------------|--|-----|-----|-----|----------------------|--|-----|-----|-----|---------------------|--|-----|-----|-----|-----------------------------------|--|-----|----|-----|--|--|-----|-----|-----|---|--|-----|----|-----|---|--|-----|-----|-----|--|--|-----|-----|-----|--|--|-----|-----|-----|---|--|-----|-----|-----|---|--|---------------------------|--|--|--|--|---------------------------------|--|--|--|--|
| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit overpayments to:<br/> Deposit Account Number 50-0815<br/> Deposit Account Name Bozicevic, Field &amp; Francis LLP<br/> <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17<br/> <input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27</p>   |                       |                       |   | <p>3. <b>ADDITIONAL FEES</b></p> <table border="1"> <thead> <tr> <th>Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65 Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25 Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130 Non-English specification</td> <td></td> </tr> <tr> <td>147</td> <td>2,520</td> <td>147</td> <td>2,520 For filing a request for <i>ex parte</i> reexamination</td> <td></td> </tr> <tr> <td>112</td> <td>920*</td> <td>112</td> <td>920* Requesting publication of SIR prior to Examination action</td> <td></td> </tr> <tr> <td>113</td> <td>1,840*</td> <td>113</td> <td>1,840* Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55 Extension for reply within first month</td> <td>110.00</td> </tr> <tr> <td>116</td> <td>400</td> <td>216</td> <td>200 Extension for reply within second month</td> <td></td> </tr> <tr> <td>117</td> <td>920</td> <td>217</td> <td>460 Extension for reply within third month</td> <td></td> </tr> <tr> <td>118</td> <td>1,440</td> <td>218</td> <td>720 Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>128</td> <td>1,960</td> <td>228</td> <td>980 Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>119</td> <td>320</td> <td>219</td> <td>160 Notice of Appeal</td> <td></td> </tr> <tr> <td>120</td> <td>320</td> <td>220</td> <td>160 Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>121</td> <td>280</td> <td>221</td> <td>140 Request for oral hearing</td> <td></td> </tr> <tr> <td>138</td> <td>1,510</td> <td>138</td> <td>1,510 Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>140</td> <td>110</td> <td>240</td> <td>55 Petition to revive - unavoidable</td> <td></td> </tr> <tr> <td>141</td> <td>1,280</td> <td>241</td> <td>640 Petition to revive - unintentional</td> <td></td> </tr> <tr> <td>142</td> <td>1,280</td> <td>242</td> <td>640 Utility issue fee (or reissue)</td> <td></td> </tr> <tr> <td>143</td> <td>460</td> <td>243</td> <td>230 Design issue fee</td> <td></td> </tr> <tr> <td>144</td> <td>620</td> <td>244</td> <td>310 Plant issue fee</td> <td></td> </tr> <tr> <td>122</td> <td>130</td> <td>122</td> <td>130 Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>123</td> <td>50</td> <td>123</td> <td>50 Processing fee under 37 CFR 1.17(q)</td> <td></td> </tr> <tr> <td>126</td> <td>180</td> <td>126</td> <td>180 Submission of Information Disclosure Stmt</td> <td></td> </tr> <tr> <td>581</td> <td>40</td> <td>581</td> <td>40 Recording each patent assignment per property (times number of properties)</td> <td></td> </tr> <tr> <td>146</td> <td>740</td> <td>246</td> <td>370 For each additional invention to be examined (37 CFR § 1.129(a))</td> <td></td> </tr> <tr> <td>149</td> <td>740</td> <td>249</td> <td>370 For each additional invention to be examined (37 CFR § 1.129(b))</td> <td></td> </tr> <tr> <td>179</td> <td>740</td> <td>279</td> <td>370 Request for Continued Examination (RCE)</td> <td></td> </tr> <tr> <td>169</td> <td>900</td> <td>169</td> <td>900 Request for expedited examination of a design application</td> <td></td> </tr> <tr> <td colspan="5">Other fee (specify) _____</td> </tr> <tr> <td colspan="5"><b>Subtotal (3) (\$) 110.00</b></td> </tr> </tbody> </table> |                       |                       |                       | Fee Code        | Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description | Fee Paid            | 105 | 130                | 205 | 65 Surcharge - late filing fee or oath |     | 127 | 50  | 227                   | 25 Surcharge - late provisional filing fee or cover sheet |                       | 139                   | 130             | 139      | 130 Non-English specification |    | 147 | 2,520 | 147                    | 2,520 For filing a request for <i>ex parte</i> reexamination |                    | 112 | 920* | 112 | 920* Requesting publication of SIR prior to Examination action |    | 113                    | 1,840* | 113                 | 1,840* Requesting publication of SIR after Examiner action |                                       | 115 | 110 | 215 | 55 Extension for reply within first month | 110.00 | 116  | 400 | 216 | 200 Extension for reply within second month |     | 117 | 920  | 217 | 460 Extension for reply within third month |  | 118 | 1,440 | 218 | 720 Extension for reply within fourth month |  | 128 | 1,960 | 228 | 980 Extension for reply within fifth month |  | 119 | 320 | 219 | 160 Notice of Appeal |  | 120 | 320 | 220 | 160 Filing a brief in support of an appeal |  | 121 | 280 | 221 | 140 Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 Petition to revive - unavoidable |  | 141 | 1,280 | 241 | 640 Petition to revive - unintentional |  | 142 | 1,280 | 242 | 640 Utility issue fee (or reissue) |  | 143 | 460 | 243 | 230 Design issue fee |  | 144 | 620 | 244 | 310 Plant issue fee |  | 122 | 130 | 122 | 130 Petitions to the Commissioner |  | 123 | 50 | 123 | 50 Processing fee under 37 CFR 1.17(q) |  | 126 | 180 | 126 | 180 Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 Recording each patent assignment per property (times number of properties) |  | 146 | 740 | 246 | 370 For each additional invention to be examined (37 CFR § 1.129(a)) |  | 149 | 740 | 249 | 370 For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 | 740 | 279 | 370 Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  | <b>Subtotal (3) (\$) 110.00</b> |  |  |  |  |
| Fee Code   | Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description   | Fee Paid   |                       |                       |                       |                 |                       |                       |                 |                     |     |                    |     |  |     |     |     |                       |   |                       |                       |                 |          |                               |    |     |       |                        |  |                    |     |      |     |  |    |                        |        |                     |  |                                       |     |     |     |   |        |  |     |     |   |     |     |  |     |  |  |     |       |     |   |  |     |       |     |  |  |     |     |     |                      |  |     |     |     |  |  |     |     |     |                              |  |     |       |     |   |  |     |     |     |                                     |  |     |       |     |  |  |     |       |     |                                    |  |     |     |     |                      |  |     |     |     |                     |  |     |     |     |                                   |  |     |    |     |  |  |     |     |     |   |  |     |    |     |   |  |     |     |     |  |  |     |     |     |  |  |     |     |     |   |  |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |  |  |
| 105  | 130                   | 205                   | 65 Surcharge - late filing fee or oath  |  |                       |                       |                       |                 |                       |                       |                 |                     |     |                    |     |  |     |     |     |                       |   |                       |                       |                 |          |                               |    |     |       |                        |  |                    |     |      |     |  |    |                        |        |                     |  |                                       |     |     |     |   |        |  |     |     |   |     |     |  |     |  |  |     |       |     |   |  |     |       |     |  |  |     |     |     |                      |  |     |     |     |  |  |     |     |     |                              |  |     |       |     |   |  |     |     |     |                                     |  |     |       |     |  |  |     |       |     |                                    |  |     |     |     |                      |  |     |     |     |                     |  |     |     |     |                                   |  |     |    |     |  |  |     |     |     |   |  |     |    |     |   |  |     |     |     |  |  |     |     |     |  |  |     |     |     |   |  |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |  |  |
| 127  | 50                    | 227                   | 25 Surcharge - late provisional filing fee or cover sheet                     |  |                       |                       |                       |                 |                       |                       |                 |                     |     |                    |     |  |     |     |     |                       |   |                       |                       |                 |          |                               |    |     |       |                        |  |                    |     |      |     |  |    |                        |        |                     |  |                                       |     |     |     |   |        |  |     |     |   |     |     |  |     |  |  |     |       |     |   |  |     |       |     |  |  |     |     |     |                      |  |     |     |     |  |  |     |     |     |                              |  |     |       |     |   |  |     |     |     |                                     |  |     |       |     |  |  |     |       |     |                                    |  |     |     |     |                      |  |     |     |     |                     |  |     |     |     |                                   |  |     |    |     |  |  |     |     |     |   |  |     |    |     |   |  |     |     |     |  |  |     |     |     |  |  |     |     |     |   |  |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |  |  |
| 139  | 130                   | 139                   | 130 Non-English specification   |  |                       |                       |                       |                 |                       |                       |                 |                     |     |                    |     |  |     |     |     |                       |   |                       |                       |                 |          |                               |    |     |       |                        |  |                    |     |      |     |  |    |                        |        |                     |  |                                       |     |     |     |   |        |  |     |     |   |     |     |  |     |  |  |     |       |     |   |  |     |       |     |  |  |     |     |     |                      |  |     |     |     |  |  |     |     |     |                              |  |     |       |     |   |  |     |     |     |                                     |  |     |       |     |  |  |     |       |     |                                    |  |     |     |     |                      |  |     |     |     |                     |  |     |     |     |                                   |  |     |    |     |  |  |     |     |     |   |  |     |    |     |   |  |     |     |     |  |  |     |     |     |  |  |     |     |     |   |  |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |  |  |
| 147  | 2,520                 | 147                   | 2,520 For filing a request for <i>ex parte</i> reexamination                  |  |                       |                       |                       |                 |                       |                       |                 |                     |     |                    |     |  |     |     |     |                       |   |                       |                       |                 |          |                               |    |     |       |                        |  |                    |     |      |     |  |    |                        |        |                     |  |                                       |     |     |     |   |        |  |     |     |   |     |     |  |     |  |  |     |       |     |   |  |     |       |     |  |  |     |     |     |                      |  |     |     |     |  |  |     |     |     |                              |  |     |       |     |   |  |     |     |     |                                     |  |     |       |     |  |  |     |       |     |                                    |  |     |     |     |                      |  |     |     |     |                     |  |     |     |     |                                   |  |     |    |     |  |  |     |     |     |   |  |     |    |     |   |  |     |     |     |  |  |     |     |     |  |  |     |     |     |   |  |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |  |  |
| 112  | 920*                  | 112                   | 920* Requesting publication of SIR prior to Examination action                |  |                       |                       |                       |                 |                       |                       |                 |                     |     |                    |     |  |     |     |     |                       |   |                       |                       |                 |          |                               |    |     |       |                        |  |                    |     |      |     |  |    |                        |        |                     |  |                                       |     |     |     |   |        |  |     |     |   |     |     |  |     |  |  |     |       |     |   |  |     |       |     |  |  |     |     |     |                      |  |     |     |     |  |  |     |     |     |                              |  |     |       |     |   |  |     |     |     |                                     |  |     |       |     |  |  |     |       |     |                                    |  |     |     |     |                      |  |     |     |     |                     |  |     |     |     |                                   |  |     |    |     |  |  |     |     |     |   |  |     |    |     |   |  |     |     |     |  |  |     |     |     |  |  |     |     |     |   |  |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |  |  |
| 113  | 1,840*                | 113                   | 1,840* Requesting publication of SIR after Examiner action                    |  |                       |                       |                       |                 |                       |                       |                 |                     |     |                    |     |  |     |     |     |                       |   |                       |                       |                 |          |                               |    |     |       |                        |  |                    |     |      |     |  |    |                        |        |                     |  |                                       |     |     |     |   |        |  |     |     |   |     |     |  |     |  |  |     |       |     |   |  |     |       |     |  |  |     |     |     |                      |  |     |     |     |  |  |     |     |     |                              |  |     |       |     |   |  |     |     |     |                                     |  |     |       |     |  |  |     |       |     |                                    |  |     |     |     |                      |  |     |     |     |                     |  |     |     |     |                                   |  |     |    |     |  |  |     |     |     |   |  |     |    |     |   |  |     |     |     |  |  |     |     |     |  |  |     |     |     |   |  |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |  |  |
| 115  | 110                   | 215                   | 55 Extension for reply within first month                                     | 110.00   |                       |                       |                       |                 |                       |                       |                 |                     |     |                    |     |  |     |     |     |                       |   |                       |                       |                 |          |                               |    |     |       |                        |  |                    |     |      |     |  |    |                        |        |                     |  |                                       |     |     |     |   |        |  |     |     |   |     |     |  |     |  |  |     |       |     |   |  |     |       |     |  |  |     |     |     |                      |  |     |     |     |  |  |     |     |     |                              |  |     |       |     |   |  |     |     |     |                                     |  |     |       |     |  |  |     |       |     |                                    |  |     |     |     |                      |  |     |     |     |                     |  |     |     |     |                                   |  |     |    |     |  |  |     |     |     |   |  |     |    |     |   |  |     |     |     |  |  |     |     |     |  |  |     |     |     |   |  |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |  |  |
| 116  | 400                   | 216                   | 200 Extension for reply within second month                                   |  |                       |                       |                       |                 |                       |                       |                 |                     |     |                    |     |  |     |     |     |                       |   |                       |                       |                 |          |                               |    |     |       |                        |  |                    |     |      |     |  |    |                        |        |                     |  |                                       |     |     |     |   |        |  |     |     |   |     |     |  |     |  |  |     |       |     |   |  |     |       |     |  |  |     |     |     |                      |  |     |     |     |  |  |     |     |     |                              |  |     |       |     |   |  |     |     |     |                                     |  |     |       |     |  |  |     |       |     |                                    |  |     |     |     |                      |  |     |     |     |                     |  |     |     |     |                                   |  |     |    |     |  |  |     |     |     |   |  |     |    |     |   |  |     |     |     |  |  |     |     |     |  |  |     |     |     |   |  |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |  |  |
| 117  | 920                   | 217                   | 460 Extension for reply within third month                                    |  |                       |                       |                       |                 |                       |                       |                 |                     |     |                    |     |  |     |     |     |                       |   |                       |                       |                 |          |                               |    |     |       |                        |  |                    |     |      |     |  |    |                        |        |                     |  |                                       |     |     |     |   |        |  |     |     |   |     |     |  |     |  |  |     |       |     |   |  |     |       |     |  |  |     |     |     |                      |  |     |     |     |  |  |     |     |     |                              |  |     |       |     |   |  |     |     |     |                                     |  |     |       |     |  |  |     |       |     |                                    |  |     |     |     |                      |  |     |     |     |                     |  |     |     |     |                                   |  |     |    |     |  |  |     |     |     |   |  |     |    |     |   |  |     |     |     |  |  |     |     |     |  |  |     |     |     |   |  |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |  |  |
| 118  | 1,440                 | 218                   | 720 Extension for reply within fourth month                                   |  |                       |                       |                       |                 |                       |                       |                 |                     |     |                    |     |  |     |     |     |                       |   |                       |                       |                 |          |                               |    |     |       |                        |  |                    |     |      |     |  |    |                        |        |                     |  |                                       |     |     |     |   |        |  |     |     |   |     |     |  |     |  |  |     |       |     |   |  |     |       |     |  |  |     |     |     |                      |  |     |     |     |  |  |     |     |     |                              |  |     |       |     |   |  |     |     |     |                                     |  |     |       |     |  |  |     |       |     |                                    |  |     |     |     |                      |  |     |     |     |                     |  |     |     |     |                                   |  |     |    |     |  |  |     |     |     |   |  |     |    |     |   |  |     |     |     |  |  |     |     |     |  |  |     |     |     |   |  |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |  |  |
| 128  | 1,960                 | 228                   | 980 Extension for reply within fifth month                                    |  |                       |                       |                       |                 |                       |                       |                 |                     |     |                    |     |  |     |     |     |                       |   |                       |                       |                 |          |                               |    |     |       |                        |  |                    |     |      |     |  |    |                        |        |                     |  |                                       |     |     |     |   |        |  |     |     |   |     |     |  |     |  |  |     |       |     |   |  |     |       |     |  |  |     |     |     |                      |  |     |     |     |  |  |     |     |     |                              |  |     |       |     |   |  |     |     |     |                                     |  |     |       |     |  |  |     |       |     |                                    |  |     |     |     |                      |  |     |     |     |                     |  |     |     |     |                                   |  |     |    |     |  |  |     |     |     |   |  |     |    |     |   |  |     |     |     |  |  |     |     |     |  |  |     |     |     |   |  |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |  |  |
| 119  | 320                   | 219                   | 160 Notice of Appeal  |  |                       |                       |                       |                 |                       |                       |                 |                     |     |                    |     |  |     |     |     |                       |   |                       |                       |                 |          |                               |    |     |       |                        |  |                    |     |      |     |  |    |                        |        |                     |  |                                       |     |     |     |   |        |  |     |     |   |     |     |  |     |  |  |     |       |     |   |  |     |       |     |  |  |     |     |     |                      |  |     |     |     |  |  |     |     |     |                              |  |     |       |     |   |  |     |     |     |                                     |  |     |       |     |  |  |     |       |     |                                    |  |     |     |     |                      |  |     |     |     |                     |  |     |     |     |                                   |  |     |    |     |  |  |     |     |     |   |  |     |    |     |   |  |     |     |     |  |  |     |     |     |  |  |     |     |     |   |  |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |  |  |
| 120  | 320                   | 220                   | 160 Filing a brief in support of an appeal                                    |  |                       |                       |                       |                 |                       |                       |                 |                     |     |                    |     |  |     |     |     |                       |   |                       |                       |                 |          |                               |    |     |       |                        |  |                    |     |      |     |  |    |                        |        |                     |  |                                       |     |     |     |   |        |  |     |     |   |     |     |  |     |  |  |     |       |     |   |  |     |       |     |  |  |     |     |     |                      |  |     |     |     |  |  |     |     |     |                              |  |     |       |     |   |  |     |     |     |                                     |  |     |       |     |  |  |     |       |     |                                    |  |     |     |     |                      |  |     |     |     |                     |  |     |     |     |                                   |  |     |    |     |  |  |     |     |     |   |  |     |    |     |   |  |     |     |     |  |  |     |     |     |  |  |     |     |     |   |  |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |  |  |
| 121  | 280                   | 221                   | 140 Request for oral hearing  |  |                       |                       |                       |                 |                       |                       |                 |                     |     |                    |     |  |     |     |     |                       |   |                       |                       |                 |          |                               |    |     |       |                        |  |                    |     |      |     |  |    |                        |        |                     |  |                                       |     |     |     |   |        |  |     |     |   |     |     |  |     |  |  |     |       |     |   |  |     |       |     |  |  |     |     |     |                      |  |     |     |     |  |  |     |     |     |                              |  |     |       |     |   |  |     |     |     |                                     |  |     |       |     |  |  |     |       |     |                                    |  |     |     |     |                      |  |     |     |     |                     |  |     |     |     |                                   |  |     |    |     |  |  |     |     |     |   |  |     |    |     |   |  |     |     |     |  |  |     |     |     |  |  |     |     |     |   |  |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |  |  |
| 138  | 1,510                 | 138                   | 1,510 Petition to institute a public use proceeding                           |  |                       |                       |                       |                 |                       |                       |                 |                     |     |                    |     |  |     |     |     |                       |   |                       |                       |                 |          |                               |    |     |       |                        |  |                    |     |      |     |  |    |                        |        |                     |  |                                       |     |     |     |   |        |  |     |     |   |     |     |  |     |  |  |     |       |     |   |  |     |       |     |  |  |     |     |     |                      |  |     |     |     |  |  |     |     |     |                              |  |     |       |     |   |  |     |     |     |                                     |  |     |       |     |  |  |     |       |     |                                    |  |     |     |     |                      |  |     |     |     |                     |  |     |     |     |                                   |  |     |    |     |  |  |     |     |     |   |  |     |    |     |   |  |     |     |     |  |  |     |     |     |  |  |     |     |     |   |  |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |  |  |
| 140  | 110                   | 240                   | 55 Petition to revive - unavoidable   |  |                       |                       |                       |                 |                       |                       |                 |                     |     |                    |     |  |     |     |     |                       |   |                       |                       |                 |          |                               |    |     |       |                        |  |                    |     |      |     |  |    |                        |        |                     |  |                                       |     |     |     |   |        |  |     |     |   |     |     |  |     |  |  |     |       |     |   |  |     |       |     |  |  |     |     |     |                      |  |     |     |     |  |  |     |     |     |                              |  |     |       |     |   |  |     |     |     |                                     |  |     |       |     |  |  |     |       |     |                                    |  |     |     |     |                      |  |     |     |     |                     |  |     |     |     |                                   |  |     |    |     |  |  |     |     |     |   |  |     |    |     |   |  |     |     |     |  |  |     |     |     |  |  |     |     |     |   |  |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |  |  |
| 141  | 1,280                 | 241                   | 640 Petition to revive - unintentional  |  |                       |                       |                       |                 |                       |                       |                 |                     |     |                    |     |  |     |     |     |                       |   |                       |                       |                 |          |                               |    |     |       |                        |  |                    |     |      |     |  |    |                        |        |                     |  |                                       |     |     |     |   |        |  |     |     |   |     |     |  |     |  |  |     |       |     |   |  |     |       |     |  |  |     |     |     |                      |  |     |     |     |  |  |     |     |     |                              |  |     |       |     |   |  |     |     |     |                                     |  |     |       |     |  |  |     |       |     |                                    |  |     |     |     |                      |  |     |     |     |                     |  |     |     |     |                                   |  |     |    |     |  |  |     |     |     |   |  |     |    |     |   |  |     |     |     |  |  |     |     |     |  |  |     |     |     |   |  |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |  |  |
| 142  | 1,280                 | 242                   | 640 Utility issue fee (or reissue)  |  |                       |                       |                       |                 |                       |                       |                 |                     |     |                    |     |  |     |     |     |                       |   |                       |                       |                 |          |                               |    |     |       |                        |  |                    |     |      |     |  |    |                        |        |                     |  |                                       |     |     |     |   |        |  |     |     |   |     |     |  |     |  |  |     |       |     |   |  |     |       |     |  |  |     |     |     |                      |  |     |     |     |  |  |     |     |     |                              |  |     |       |     |   |  |     |     |     |                                     |  |     |       |     |  |  |     |       |     |                                    |  |     |     |     |                      |  |     |     |     |                     |  |     |     |     |                                   |  |     |    |     |  |  |     |     |     |   |  |     |    |     |   |  |     |     |     |  |  |     |     |     |  |  |     |     |     |   |  |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |  |  |
| 143  | 460                   | 243                   | 230 Design issue fee  |  |                       |                       |                       |                 |                       |                       |                 |                     |     |                    |     |  |     |     |     |                       |   |                       |                       |                 |          |                               |    |     |       |                        |  |                    |     |      |     |  |    |                        |        |                     |  |                                       |     |     |     |   |        |  |     |     |   |     |     |  |     |  |  |     |       |     |   |  |     |       |     |  |  |     |     |     |                      |  |     |     |     |  |  |     |     |     |                              |  |     |       |     |   |  |     |     |     |                                     |  |     |       |     |  |  |     |       |     |                                    |  |     |     |     |                      |  |     |     |     |                     |  |     |     |     |                                   |  |     |    |     |  |  |     |     |     |   |  |     |    |     |   |  |     |     |     |  |  |     |     |     |  |  |     |     |     |   |  |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |  |  |
| 144  | 620                   | 244                   | 310 Plant issue fee   |  |                       |                       |                       |                 |                       |                       |                 |                     |     |                    |     |  |     |     |     |                       |   |                       |                       |                 |          |                               |    |     |       |                        |  |                    |     |      |     |  |    |                        |        |                     |  |                                       |     |     |     |   |        |  |     |     |   |     |     |  |     |  |  |     |       |     |   |  |     |       |     |  |  |     |     |     |                      |  |     |     |     |  |  |     |     |     |                              |  |     |       |     |   |  |     |     |     |                                     |  |     |       |     |  |  |     |       |     |                                    |  |     |     |     |                      |  |     |     |     |                     |  |     |     |     |                                   |  |     |    |     |  |  |     |     |     |   |  |     |    |     |   |  |     |     |     |  |  |     |     |     |  |  |     |     |     |   |  |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |  |  |
| 122  | 130                   | 122                   | 130 Petitions to the Commissioner   |  |                       |                       |                       |                 |                       |                       |                 |                     |     |                    |     |  |     |     |     |                       |   |                       |                       |                 |          |                               |    |     |       |                        |  |                    |     |      |     |  |    |                        |        |                     |  |                                       |     |     |     |   |        |  |     |     |   |     |     |  |     |  |  |     |       |     |   |  |     |       |     |  |  |     |     |     |                      |  |     |     |     |  |  |     |     |     |                              |  |     |       |     |   |  |     |     |     |                                     |  |     |       |     |  |  |     |       |     |                                    |  |     |     |     |                      |  |     |     |     |                     |  |     |     |     |                                   |  |     |    |     |  |  |     |     |     |   |  |     |    |     |   |  |     |     |     |  |  |     |     |     |  |  |     |     |     |   |  |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |  |  |
| 123  | 50                    | 123                   | 50 Processing fee under 37 CFR 1.17(q)  |  |                       |                       |                       |                 |                       |                       |                 |                     |     |                    |     |  |     |     |     |                       |   |                       |                       |                 |          |                               |    |     |       |                        |  |                    |     |      |     |  |    |                        |        |                     |  |                                       |     |     |     |   |        |  |     |     |   |     |     |  |     |  |  |     |       |     |   |  |     |       |     |  |  |     |     |     |                      |  |     |     |     |  |  |     |     |     |                              |  |     |       |     |   |  |     |     |     |                                     |  |     |       |     |  |  |     |       |     |                                    |  |     |     |     |                      |  |     |     |     |                     |  |     |     |     |                                   |  |     |    |     |  |  |     |     |     |   |  |     |    |     |   |  |     |     |     |  |  |     |     |     |  |  |     |     |     |   |  |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |  |  |
| 126  | 180                   | 126                   | 180 Submission of Information Disclosure Stmt                                 |  |                       |                       |                       |                 |                       |                       |                 |                     |     |                    |     |  |     |     |     |                       |   |                       |                       |                 |          |                               |    |     |       |                        |  |                    |     |      |     |  |    |                        |        |                     |  |                                       |     |     |     |   |        |  |     |     |   |     |     |  |     |  |  |     |       |     |   |  |     |       |     |  |  |     |     |     |                      |  |     |     |     |  |  |     |     |     |                              |  |     |       |     |   |  |     |     |     |                                     |  |     |       |     |  |  |     |       |     |                                    |  |     |     |     |                      |  |     |     |     |                     |  |     |     |     |                                   |  |     |    |     |  |  |     |     |     |   |  |     |    |     |   |  |     |     |     |  |  |     |     |     |  |  |     |     |     |   |  |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |  |  |
| 581  | 40                    | 581                   | 40 Recording each patent assignment per property (times number of properties) |  |                       |                       |                       |                 |                       |                       |                 |                     |     |                    |     |  |     |     |     |                       |   |                       |                       |                 |          |                               |    |     |       |                        |  |                    |     |      |     |  |    |                        |        |                     |  |                                       |     |     |     |   |        |  |     |     |   |     |     |  |     |  |  |     |       |     |   |  |     |       |     |  |  |     |     |     |                      |  |     |     |     |  |  |     |     |     |                              |  |     |       |     |   |  |     |     |     |                                     |  |     |       |     |  |  |     |       |     |                                    |  |     |     |     |                      |  |     |     |     |                     |  |     |     |     |                                   |  |     |    |     |  |  |     |     |     |   |  |     |    |     |   |  |     |     |     |  |  |     |     |     |  |  |     |     |     |   |  |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |  |  |
| 146  | 740                   | 246                   | 370 For each additional invention to be examined (37 CFR § 1.129(a))          |  |                       |                       |                       |                 |                       |                       |                 |                     |     |                    |     |  |     |     |     |                       |   |                       |                       |                 |          |                               |    |     |       |                        |  |                    |     |      |     |  |    |                        |        |                     |  |                                       |     |     |     |   |        |  |     |     |   |     |     |  |     |  |  |     |       |     |   |  |     |       |     |  |  |     |     |     |                      |  |     |     |     |  |  |     |     |     |                              |  |     |       |     |   |  |     |     |     |                                     |  |     |       |     |  |  |     |       |     |                                    |  |     |     |     |                      |  |     |     |     |                     |  |     |     |     |                                   |  |     |    |     |  |  |     |     |     |   |  |     |    |     |   |  |     |     |     |  |  |     |     |     |  |  |     |     |     |   |  |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |  |  |
| 149  | 740                   | 249                   | 370 For each additional invention to be examined (37 CFR § 1.129(b))          |  |                       |                       |                       |                 |                       |                       |                 |                     |     |                    |     |  |     |     |     |                       |   |                       |                       |                 |          |                               |    |     |       |                        |  |                    |     |      |     |  |    |                        |        |                     |  |                                       |     |     |     |   |        |  |     |     |   |     |     |  |     |  |  |     |       |     |   |  |     |       |     |  |  |     |     |     |                      |  |     |     |     |  |  |     |     |     |                              |  |     |       |     |   |  |     |     |     |                                     |  |     |       |     |  |  |     |       |     |                                    |  |     |     |     |                      |  |     |     |     |                     |  |     |     |     |                                   |  |     |    |     |  |  |     |     |     |   |  |     |    |     |   |  |     |     |     |  |  |     |     |     |  |  |     |     |     |   |  |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |  |  |
| 179  | 740                   | 279                   | 370 Request for Continued Examination (RCE)                                   |  |                       |                       |                       |                 |                       |                       |                 |                     |     |                    |     |  |     |     |     |                       |   |                       |                       |                 |          |                               |    |     |       |                        |  |                    |     |      |     |  |    |                        |        |                     |  |                                       |     |     |     |   |        |  |     |     |   |     |     |  |     |  |  |     |       |     |   |  |     |       |     |  |  |     |     |     |                      |  |     |     |     |  |  |     |     |     |                              |  |     |       |     |   |  |     |     |     |                                     |  |     |       |     |  |  |     |       |     |                                    |  |     |     |     |                      |  |     |     |     |                     |  |     |     |     |                                   |  |     |    |     |  |  |     |     |     |   |  |     |    |     |   |  |     |     |     |  |  |     |     |     |  |  |     |     |     |   |  |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |  |  |
| 169  | 900                   | 169                   | 900 Request for expedited examination of a design application                 |  |                       |                       |                       |                 |                       |                       |                 |                     |     |                    |     |  |     |     |     |                       |   |                       |                       |                 |          |                               |    |     |       |                        |  |                    |     |      |     |  |    |                        |        |                     |  |                                       |     |     |     |   |        |  |     |     |   |     |     |  |     |  |  |     |       |     |   |  |     |       |     |  |  |     |     |     |                      |  |     |     |     |  |  |     |     |     |                              |  |     |       |     |   |  |     |     |     |                                     |  |     |       |     |  |  |     |       |     |                                    |  |     |     |     |                      |  |     |     |     |                     |  |     |     |     |                                   |  |     |    |     |  |  |     |     |     |   |  |     |    |     |   |  |     |     |     |  |  |     |     |     |  |  |     |     |     |   |  |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |  |  |
| Other fee (specify) _____  |                       |                       |   |  |                       |                       |                       |                 |                       |                       |                 |                     |     |                    |     |  |     |     |     |                       |   |                       |                       |                 |          |                               |    |     |       |                        |  |                    |     |      |     |  |    |                        |        |                     |  |                                       |     |     |     |   |        |  |     |     |   |     |     |  |     |  |  |     |       |     |   |  |     |       |     |  |  |     |     |     |                      |  |     |     |     |  |  |     |     |     |                              |  |     |       |     |   |  |     |     |     |                                     |  |     |       |     |  |  |     |       |     |                                    |  |     |     |     |                      |  |     |     |     |                     |  |     |     |     |                                   |  |     |    |     |  |  |     |     |     |   |  |     |    |     |   |  |     |     |     |  |  |     |     |     |  |  |     |     |     |   |  |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |  |  |
| <b>Subtotal (3) (\$) 110.00</b>  |                       |                       |   |  |                       |                       |                       |                 |                       |                       |                 |                     |     |                    |     |  |     |     |     |                       |   |                       |                       |                 |          |                               |    |     |       |                        |  |                    |     |      |     |  |    |                        |        |                     |  |                                       |     |     |     |   |        |  |     |     |   |     |     |  |     |  |  |     |       |     |   |  |     |       |     |  |  |     |     |     |                      |  |     |     |     |  |  |     |     |     |                              |  |     |       |     |   |  |     |     |     |                                     |  |     |       |     |  |  |     |       |     |                                    |  |     |     |     |                      |  |     |     |     |                     |  |     |     |     |                                   |  |     |    |     |  |  |     |     |     |   |  |     |    |     |   |  |     |     |     |  |  |     |     |     |  |  |     |     |     |   |  |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |  |  |
| <p>2. <input type="checkbox"/> Payment Enclosed:<br/> <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>  |                       |                       |   |  |                       |                       |                       |                 |                       |                       |                 |                     |     |                    |     |  |     |     |     |                       |   |                       |                       |                 |          |                               |    |     |       |                        |  |                    |     |      |     |  |    |                        |        |                     |  |                                       |     |     |     |   |        |  |     |     |   |     |     |  |     |  |  |     |       |     |   |  |     |       |     |  |  |     |     |     |                      |  |     |     |     |  |  |     |     |     |                              |  |     |       |     |   |  |     |     |     |                                     |  |     |       |     |  |  |     |       |     |                                    |  |     |     |     |                      |  |     |     |     |                     |  |     |     |     |                                   |  |     |    |     |  |  |     |     |     |   |  |     |    |     |   |  |     |     |     |  |  |     |     |     |  |  |     |     |     |   |  |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |  |  |
| FEE CALCULATION  |                       |                       |   |  |                       |                       |                       |                 |                       |                       |                 |                     |     |                    |     |  |     |     |     |                       |   |                       |                       |                 |          |                               |    |     |       |                        |  |                    |     |      |     |  |    |                        |        |                     |  |                                       |     |     |     |   |        |  |     |     |   |     |     |  |     |  |  |     |       |     |   |  |     |       |     |  |  |     |     |     |                      |  |     |     |     |  |  |     |     |     |                              |  |     |       |     |   |  |     |     |     |                                     |  |     |       |     |  |  |     |       |     |                                    |  |     |     |     |                      |  |     |     |     |                     |  |     |     |     |                                   |  |     |    |     |  |  |     |     |     |   |  |     |    |     |   |  |     |     |     |  |  |     |     |     |  |  |     |     |     |   |  |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |  |  |
| <p>2. <b>BASIC FILING FEE</b></p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>101</td> <td>740</td> <td>201</td> <td>370</td> <td>Utility filing fee</td> <td></td> </tr> <tr> <td>106</td> <td>330</td> <td>206</td> <td>165</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107</td> <td>510</td> <td>207</td> <td>255</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108</td> <td>740</td> <td>208</td> <td>370</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114</td> <td>160</td> <td>214</td> <td>80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="5"><b>Subtotal (1)</b></td> <td></td> </tr> </tbody> </table>   |                       |                       |   | Large Entity Fee Code  | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description | Fee Paid              | 101                   | 740             | 201                 | 370 | Utility filing fee |     | 106                                    | 330 | 206 | 165 | Design filing fee     |   | 107                   | 510                   | 207             | 255      | Plant filing fee              |    | 108 | 740   | 208                    | 370  | Reissue filing fee |     | 114  | 160 | 214  | 80 | Provisional filing fee |        | <b>Subtotal (1)</b> |  |                                       |     |     |     |   |        |  |     |     |   |     |     |  |     |  |  |     |       |     |   |  |     |       |     |  |  |     |     |     |                      |  |     |     |     |  |  |     |     |     |                              |  |     |       |     |   |  |     |     |     |                                     |  |     |       |     |  |  |     |       |     |                                    |  |     |     |     |                      |  |     |     |     |                     |  |     |     |     |                                   |  |     |    |     |  |  |     |     |     |   |  |     |    |     |   |  |     |     |     |  |  |     |     |     |  |  |     |     |     |   |  |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |  |  |
| Large Entity Fee Code  | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$)   | Fee Description  | Fee Paid              |                       |                       |                 |                       |                       |                 |                     |     |                    |     |  |     |     |     |                       |   |                       |                       |                 |          |                               |    |     |       |                        |  |                    |     |      |     |  |    |                        |        |                     |  |                                       |     |     |     |   |        |  |     |     |   |     |     |  |     |  |  |     |       |     |   |  |     |       |     |  |  |     |     |     |                      |  |     |     |     |  |  |     |     |     |                              |  |     |       |     |   |  |     |     |     |                                     |  |     |       |     |  |  |     |       |     |                                    |  |     |     |     |                      |  |     |     |     |                     |  |     |     |     |                                   |  |     |    |     |  |  |     |     |     |   |  |     |    |     |   |  |     |     |     |  |  |     |     |     |  |  |     |     |     |   |  |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |  |  |
| 101  | 740                   | 201                   | 370   | Utility filing fee   |                       |                       |                       |                 |                       |                       |                 |                     |     |                    |     |  |     |     |     |                       |   |                       |                       |                 |          |                               |    |     |       |                        |  |                    |     |      |     |  |    |                        |        |                     |  |                                       |     |     |     |   |        |  |     |     |   |     |     |  |     |  |  |     |       |     |   |  |     |       |     |  |  |     |     |     |                      |  |     |     |     |  |  |     |     |     |                              |  |     |       |     |   |  |     |     |     |                                     |  |     |       |     |  |  |     |       |     |                                    |  |     |     |     |                      |  |     |     |     |                     |  |     |     |     |                                   |  |     |    |     |  |  |     |     |     |   |  |     |    |     |   |  |     |     |     |  |  |     |     |     |  |  |     |     |     |   |  |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |  |  |
| 106  | 330                   | 206                   | 165   | Design filing fee  |                       |                       |                       |                 |                       |                       |                 |                     |     |                    |     |  |     |     |     |                       |   |                       |                       |                 |          |                               |    |     |       |                        |  |                    |     |      |     |  |    |                        |        |                     |  |                                       |     |     |     |   |        |  |     |     |   |     |     |  |     |  |  |     |       |     |   |  |     |       |     |  |  |     |     |     |                      |  |     |     |     |  |  |     |     |     |                              |  |     |       |     |   |  |     |     |     |                                     |  |     |       |     |  |  |     |       |     |                                    |  |     |     |     |                      |  |     |     |     |                     |  |     |     |     |                                   |  |     |    |     |  |  |     |     |     |   |  |     |    |     |   |  |     |     |     |  |  |     |     |     |  |  |     |     |     |   |  |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |  |  |
| 107  | 510                   | 207                   | 255   | Plant filing fee   |                       |                       |                       |                 |                       |                       |                 |                     |     |                    |     |  |     |     |     |                       |   |                       |                       |                 |          |                               |    |     |       |                        |  |                    |     |      |     |  |    |                        |        |                     |  |                                       |     |     |     |   |        |  |     |     |   |     |     |  |     |  |  |     |       |     |   |  |     |       |     |  |  |     |     |     |                      |  |     |     |     |  |  |     |     |     |                              |  |     |       |     |   |  |     |     |     |                                     |  |     |       |     |  |  |     |       |     |                                    |  |     |     |     |                      |  |     |     |     |                     |  |     |     |     |                                   |  |     |    |     |  |  |     |     |     |   |  |     |    |     |   |  |     |     |     |  |  |     |     |     |  |  |     |     |     |   |  |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |  |  |
| 108  | 740                   | 208                   | 370   | Reissue filing fee   |                       |                       |                       |                 |                       |                       |                 |                     |     |                    |     |  |     |     |     |                       |   |                       |                       |                 |          |                               |    |     |       |                        |  |                    |     |      |     |  |    |                        |        |                     |  |                                       |     |     |     |   |        |  |     |     |   |     |     |  |     |  |  |     |       |     |   |  |     |       |     |  |  |     |     |     |                      |  |     |     |     |  |  |     |     |     |                              |  |     |       |     |   |  |     |     |     |                                     |  |     |       |     |  |  |     |       |     |                                    |  |     |     |     |                      |  |     |     |     |                     |  |     |     |     |                                   |  |     |    |     |  |  |     |     |     |   |  |     |    |     |   |  |     |     |     |  |  |     |     |     |  |  |     |     |     |   |  |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |  |  |
| 114  | 160                   | 214                   | 80  | Provisional filing fee   |                       |                       |                       |                 |                       |                       |                 |                     |     |                    |     |  |     |     |     |                       |   |                       |                       |                 |          |                               |    |     |       |                        |  |                    |     |      |     |  |    |                        |        |                     |  |                                       |     |     |     |   |        |  |     |     |   |     |     |  |     |  |  |     |       |     |   |  |     |       |     |  |  |     |     |     |                      |  |     |     |     |  |  |     |     |     |                              |  |     |       |     |   |  |     |     |     |                                     |  |     |       |     |  |  |     |       |     |                                    |  |     |     |     |                      |  |     |     |     |                     |  |     |     |     |                                   |  |     |    |     |  |  |     |     |     |   |  |     |    |     |   |  |     |     |     |  |  |     |     |     |  |  |     |     |     |   |  |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |  |  |
| <b>Subtotal (1)</b>  |                       |                       |   |  |                       |                       |                       |                 |                       |                       |                 |                     |     |                    |     |  |     |     |     |                       |   |                       |                       |                 |          |                               |    |     |       |                        |  |                    |     |      |     |  |    |                        |        |                     |  |                                       |     |     |     |   |        |  |     |     |   |     |     |  |     |  |  |     |       |     |   |  |     |       |     |  |  |     |     |     |                      |  |     |     |     |  |  |     |     |     |                              |  |     |       |     |   |  |     |     |     |                                     |  |     |       |     |  |  |     |       |     |                                    |  |     |     |     |                      |  |     |     |     |                     |  |     |     |     |                                   |  |     |    |     |  |  |     |     |     |   |  |     |    |     |   |  |     |     |     |  |  |     |     |     |  |  |     |     |     |   |  |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |  |  |
| <p>1. <b>EXTRA CLAIM FEES</b></p> <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>24-20**</td> <td>=</td> <td>x</td> <td>=</td> </tr> <tr> <td>Indep. Claims 5-3**</td> <td>=</td> <td>x</td> <td>=</td> </tr> <tr> <td>Multiple Dependent</td> <td>=</td> <td></td> <td>=</td> </tr> </tbody> </table><br><table border="1"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>102</td> <td>84</td> <td>202</td> <td>42</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104</td> <td>280</td> <td>204</td> <td>140</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>109</td> <td>84</td> <td>209</td> <td>42</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5"><b>Subtotal (2) \$</b></td> <td></td> </tr> </tbody> </table> |                       |                       |   | Total Claims   | Extra Claims          | Fee from below        | Fee Paid              | 24-20**         | =                     | x                     | =               | Indep. Claims 5-3** | =   | x                  | =   | Multiple Dependent                     | =   |     | =   | Large Entity Fee Code | Large Entity Fee (\$)                                     | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description | Fee Paid | 103                           | 18 | 203 | 9     | Claims in excess of 20 |  | 102                | 84  | 202  | 42  | Independent claims in excess of 3                              |    | 104                    | 280    | 204                 | 140  | Multiple dependent claim, if not paid |     | 109 | 84  | 209                                       | 42     | ** Reissue independent claims over original patent |     | 110 | 18  | 210 | 9   | ** Reissue claims in excess of 20 and over original patent |     | <b>Subtotal (2) \$</b>                     |  |     |       |     |   |  |     |       |     |  |  |     |     |     |                      |  |     |     |     |  |  |     |     |     |                              |  |     |       |     |   |  |     |     |     |                                     |  |     |       |     |  |  |     |       |     |                                    |  |     |     |     |                      |  |     |     |     |                     |  |     |     |     |                                   |  |     |    |     |  |  |     |     |     |   |  |     |    |     |   |  |     |     |     |  |  |     |     |     |  |  |     |     |     |   |  |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |  |  |
| Total Claims   | Extra Claims          | Fee from below        | Fee Paid  |  |                       |                       |                       |                 |                       |                       |                 |                     |     |                    |     |  |     |     |     |                       |   |                       |                       |                 |          |                               |    |     |       |                        |  |                    |     |      |     |  |    |                        |        |                     |  |                                       |     |     |     |   |        |  |     |     |   |     |     |  |     |  |  |     |       |     |   |  |     |       |     |  |  |     |     |     |                      |  |     |     |     |  |  |     |     |     |                              |  |     |       |     |   |  |     |     |     |                                     |  |     |       |     |  |  |     |       |     |                                    |  |     |     |     |                      |  |     |     |     |                     |  |     |     |     |                                   |  |     |    |     |  |  |     |     |     |   |  |     |    |     |   |  |     |     |     |  |  |     |     |     |  |  |     |     |     |   |  |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |  |  |
| 24-20**  | =                     | x                     | =   |  |                       |                       |                       |                 |                       |                       |                 |                     |     |                    |     |  |     |     |     |                       |   |                       |                       |                 |          |                               |    |     |       |                        |  |                    |     |      |     |  |    |                        |        |                     |  |                                       |     |     |     |   |        |  |     |     |   |     |     |  |     |  |  |     |       |     |   |  |     |       |     |  |  |     |     |     |                      |  |     |     |     |  |  |     |     |     |                              |  |     |       |     |   |  |     |     |     |                                     |  |     |       |     |  |  |     |       |     |                                    |  |     |     |     |                      |  |     |     |     |                     |  |     |     |     |                                   |  |     |    |     |  |  |     |     |     |   |  |     |    |     |   |  |     |     |     |  |  |     |     |     |  |  |     |     |     |   |  |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |  |  |
| Indep. Claims 5-3**  | =                     | x                     | =   |  |                       |                       |                       |                 |                       |                       |                 |                     |     |                    |     |  |     |     |     |                       |   |                       |                       |                 |          |                               |    |     |       |                        |  |                    |     |      |     |  |    |                        |        |                     |  |                                       |     |     |     |   |        |  |     |     |   |     |     |  |     |  |  |     |       |     |   |  |     |       |     |  |  |     |     |     |                      |  |     |     |     |  |  |     |     |     |                              |  |     |       |     |   |  |     |     |     |                                     |  |     |       |     |  |  |     |       |     |                                    |  |     |     |     |                      |  |     |     |     |                     |  |     |     |     |                                   |  |     |    |     |  |  |     |     |     |   |  |     |    |     |   |  |     |     |     |  |  |     |     |     |  |  |     |     |     |   |  |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |  |  |
| Multiple Dependent   | =                     |                       | =   |  |                       |                       |                       |                 |                       |                       |                 |                     |     |                    |     |  |     |     |     |                       |   |                       |                       |                 |          |                               |    |     |       |                        |  |                    |     |      |     |  |    |                        |        |                     |  |                                       |     |     |     |   |        |  |     |     |   |     |     |  |     |  |  |     |       |     |   |  |     |       |     |  |  |     |     |     |                      |  |     |     |     |  |  |     |     |     |                              |  |     |       |     |   |  |     |     |     |                                     |  |     |       |     |  |  |     |       |     |                                    |  |     |     |     |                      |  |     |     |     |                     |  |     |     |     |                                   |  |     |    |     |  |  |     |     |     |   |  |     |    |     |   |  |     |     |     |  |  |     |     |     |  |  |     |     |     |   |  |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |  |  |
| Large Entity Fee Code  | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$)   | Fee Description  | Fee Paid              |                       |                       |                 |                       |                       |                 |                     |     |                    |     |  |     |     |     |                       |   |                       |                       |                 |          |                               |    |     |       |                        |  |                    |     |      |     |  |    |                        |        |                     |  |                                       |     |     |     |   |        |  |     |     |   |     |     |  |     |  |  |     |       |     |   |  |     |       |     |  |  |     |     |     |                      |  |     |     |     |  |  |     |     |     |                              |  |     |       |     |   |  |     |     |     |                                     |  |     |       |     |  |  |     |       |     |                                    |  |     |     |     |                      |  |     |     |     |                     |  |     |     |     |                                   |  |     |    |     |  |  |     |     |     |   |  |     |    |     |   |  |     |     |     |  |  |     |     |     |  |  |     |     |     |   |  |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |  |  |
| 103  | 18                    | 203                   | 9   | Claims in excess of 20   |                       |                       |                       |                 |                       |                       |                 |                     |     |                    |     |  |     |     |     |                       |   |                       |                       |                 |          |                               |    |     |       |                        |  |                    |     |      |     |  |    |                        |        |                     |  |                                       |     |     |     |   |        |  |     |     |   |     |     |  |     |  |  |     |       |     |   |  |     |       |     |  |  |     |     |     |                      |  |     |     |     |  |  |     |     |     |                              |  |     |       |     |   |  |     |     |     |                                     |  |     |       |     |  |  |     |       |     |                                    |  |     |     |     |                      |  |     |     |     |                     |  |     |     |     |                                   |  |     |    |     |  |  |     |     |     |   |  |     |    |     |   |  |     |     |     |  |  |     |     |     |  |  |     |     |     |   |  |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |  |  |
| 102  | 84                    | 202                   | 42  | Independent claims in excess of 3  |                       |                       |                       |                 |                       |                       |                 |                     |     |                    |     |  |     |     |     |                       |   |                       |                       |                 |          |                               |    |     |       |                        |  |                    |     |      |     |  |    |                        |        |                     |  |                                       |     |     |     |   |        |  |     |     |   |     |     |  |     |  |  |     |       |     |   |  |     |       |     |  |  |     |     |     |                      |  |     |     |     |  |  |     |     |     |                              |  |     |       |     |   |  |     |     |     |                                     |  |     |       |     |  |  |     |       |     |                                    |  |     |     |     |                      |  |     |     |     |                     |  |     |     |     |                                   |  |     |    |     |  |  |     |     |     |   |  |     |    |     |   |  |     |     |     |  |  |     |     |     |  |  |     |     |     |   |  |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |  |  |
| 104  | 280                   | 204                   | 140   | Multiple dependent claim, if not paid  |                       |                       |                       |                 |                       |                       |                 |                     |     |                    |     |  |     |     |     |                       |   |                       |                       |                 |          |                               |    |     |       |                        |  |                    |     |      |     |  |    |                        |        |                     |  |                                       |     |     |     |   |        |  |     |     |   |     |     |  |     |  |  |     |       |     |   |  |     |       |     |  |  |     |     |     |                      |  |     |     |     |  |  |     |     |     |                              |  |     |       |     |   |  |     |     |     |                                     |  |     |       |     |  |  |     |       |     |                                    |  |     |     |     |                      |  |     |     |     |                     |  |     |     |     |                                   |  |     |    |     |  |  |     |     |     |   |  |     |    |     |   |  |     |     |     |  |  |     |     |     |  |  |     |     |     |   |  |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |  |  |
| 109  | 84                    | 209                   | 42  | ** Reissue independent claims over original patent   |                       |                       |                       |                 |                       |                       |                 |                     |     |                    |     |  |     |     |     |                       |   |                       |                       |                 |          |                               |    |     |       |                        |  |                    |     |      |     |  |    |                        |        |                     |  |                                       |     |     |     |   |        |  |     |     |   |     |     |  |     |  |  |     |       |     |   |  |     |       |     |  |  |     |     |     |                      |  |     |     |     |  |  |     |     |     |                              |  |     |       |     |   |  |     |     |     |                                     |  |     |       |     |  |  |     |       |     |                                    |  |     |     |     |                      |  |     |     |     |                     |  |     |     |     |                                   |  |     |    |     |  |  |     |     |     |   |  |     |    |     |   |  |     |     |     |  |  |     |     |     |  |  |     |     |     |   |  |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |  |  |
| 110  | 18                    | 210                   | 9   | ** Reissue claims in excess of 20 and over original patent   |                       |                       |                       |                 |                       |                       |                 |                     |     |                    |     |  |     |     |     |                       |   |                       |                       |                 |          |                               |    |     |       |                        |  |                    |     |      |     |  |    |                        |        |                     |  |                                       |     |     |     |   |        |  |     |     |   |     |     |  |     |  |  |     |       |     |   |  |     |       |     |  |  |     |     |     |                      |  |     |     |     |  |  |     |     |     |                              |  |     |       |     |   |  |     |     |     |                                     |  |     |       |     |  |  |     |       |     |                                    |  |     |     |     |                      |  |     |     |     |                     |  |     |     |     |                                   |  |     |    |     |  |  |     |     |     |   |  |     |    |     |   |  |     |     |     |  |  |     |     |     |  |  |     |     |     |   |  |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |  |  |
| <b>Subtotal (2) \$</b>   |                       |                       |   |  |                       |                       |                       |                 |                       |                       |                 |                     |     |                    |     |  |     |     |     |                       |   |                       |                       |                 |          |                               |    |     |       |                        |  |                    |     |      |     |  |    |                        |        |                     |  |                                       |     |     |     |   |        |  |     |     |   |     |     |  |     |  |  |     |       |     |   |  |     |       |     |  |  |     |     |     |                      |  |     |     |     |  |  |     |     |     |                              |  |     |       |     |   |  |     |     |     |                                     |  |     |       |     |  |  |     |       |     |                                    |  |     |     |     |                      |  |     |     |     |                     |  |     |     |     |                                   |  |     |    |     |  |  |     |     |     |   |  |     |    |     |   |  |     |     |     |  |  |     |     |     |  |  |     |     |     |   |  |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |  |  |

\*\*or number previously paid, if greater; For Reissues, see above.

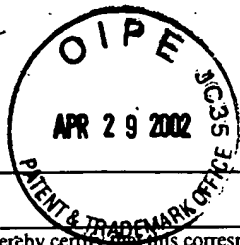
\*Reduced by Basic Filing Fee Paid

| SUBMITTED BY      |                  | Complete (if applicable)          |            |           |                |
|-------------------|------------------|-----------------------------------|------------|-----------|----------------|
| Name (Print/Type) | Frank P. Becking | Registration No. (Attorney/Agent) | 42,309     | Telephone | (650) 327-3400 |
| Signature         |                  | Date                              | 04/17/2002 |           |                |

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A



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| I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231. |           |                  |                |
| Typed or Printed Name   | Teri Muir | <i>Teri Muir</i> |                |
| Signature   |           | Date             | April 17, 2002 |

| AMENDMENT UNDER<br>37 C.F.R. §1.111  | Attorney Docket<br>Confirmation No. | LIFE-005<br>5779  |
|--|-------------------------------------|---|
| Address to:<br>Box Fee Amendment<br>Assistant Commissioner for Patents<br>Washington, D.C. 20231 | First Named Inventor                | Debreczeny et al.   |
|  | Application Number                  | 09/586,692  |
|  | Filing Date                         | June 1, 2000  |
|  | Group Art Unit                      | 2877  |
|  | Examiner Name                       | Samuel A. Turner  |
|  | Title                               | Dual Beam FTIR Methods and<br>Devices for Use in Analyte<br>Detection in Samples of Low<br>Transmissivity |

Sir:

This amendment is responsive to the Office Action dated December 17, 2001 for which a three-month period for response was given making this response due on or before March 17, 2002. A petition for a One-Month Extension of Time is herewith, making this amendment due on or before April 17, 2002. In view of the amendments to the claims and the remarks put forth below, reconsideration and allowance are respectfully requested.

### AMENDMENTS

#### IN THE CLAIMS

Please replace the following claims as rewritten below:

- (Amended) A method of determining the concentration of an analyte in a sample of low transmissivity, said method comprising:
  - providing a sample of low transmissivity;
  - producing a sample beam from said sample of low transmissivity and a reference beam from a reference;
  - producing a null signal from said sample and reference beams; and
  - deriving the presence of said analyte in said sample of low transmissivity from said null signal.